

# REGISTRATION OF LOCUM TENENS PHYSICIAN

RETURN TO: Kentucky Medicaid, PO Box 2110, Frankfort, KY 40602

- 42 CFR § 411.351 allows a physician to temporarily stand in the shoes of another.
- Medicaid pays crossover claims from Medicare, and thus the Medicaid time limit for the locum tenens is the same as Medicare.
- The maximum time may not exceed sixty (60) continuous days.

*This Physician is the TEMPORARY REPLACEMENT who applies and will actually perform the services temporarily:*

1) \_\_\_\_\_  
Applicant **LOCUM TENENS PHYSICIAN** - Full Name

2) ☎ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number Extension

3) \_\_\_\_\_  
PERMANENT ADDRESS (You may NOT use a PO BOX)

\_\_\_\_\_  
CITY, STATE, ZIP

4) SSN:

□ □ □ - □ □ - □ □ □ □

5) IS A **CONTRACT AGENCY** INVOLVED IN THIS PLACEMENT?

☐ **YES** – SUPPLY NAME & ADDRESS OF AGENCY. You may attach a sheet, if necessary.

☐ **NO**

To my knowledge, I attest that I am **not** subject to any of the following:

- A pending criminal or civil investigation regarding the provision of health care services;
- Formal disciplinary sanction from any such board or professional association pursuant to KRS 311.565; and
- A federal or state sanction or penalty that would otherwise bar me from participation in Medicare or Medicaid.

- I certify and attest, by my signature below, under penalty of perjury, that the information contained herein is true and faithful.

□ \_\_\_\_\_

**Original Signature/Date are required**

*This Physician will be ABSENT during the billing and will not perform the services:*

1) \_\_\_\_\_  
Regular Physician - Full Name

2) ☎ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number Extension

3) \_\_\_\_\_  
OFFICE ADDRESS (You may NOT use a PO BOX).

\_\_\_\_\_  
CITY, STATE, ZIP

4) **NPI (National Provider Identifier) for Individual (Required)**

**\*\*The NPI must be registered with KY Medicaid.**

□ □ □ □ □ □ □ □ □ □

5) **NPI (National Provider Identifier) for Group**

**\*\*The NPI must be registered with KY Medicaid.**

□ □ □ □ □ □ □ □ □ □

6) **Provider number for NPI listed above for Group**

□ □ □ □ □ □ □ □

Dates Locum Tenen will be covering for regular physician

\_\_\_\_\_ to \_\_\_\_\_

## CHECK OFF FOR REQUIRED ATTACHMENTS

☐ COPY of valid **PHYSICIAN LICENSE** & copy of any applicable board certification for the **locum tenens physician**.

☐ PROOF of **malpractice insurance** coverage for the **locum tenens physician** for period of physician substitution.

THE Q-6 MODIFIER MUST BE USED FOR BILLING SERVICES PERFORMED BY A LOCUM TENENS PHYSICIAN.

The holder of the valid provider number is required to bill the services of any locum tenens physician by utilizing the Health Care Procedure Coding System (HCPCS) with the procedure modifier code "Q-6" in item 24d of Form HCFA-1500, for every procedure performed by the locum tenens physician. Failure to bill correctly may be considered a violation of the terms of the Provider Agreement.

Call **1-800-807-1232** for provider billing assistance.

## COMPLETING THE REGISTRATION OF LOCUM TENENS PHYSICIANS

In *emergencies*, the completed and signed form can be faxed to: (502)564-3232;

*Otherwise mail two weeks in advance to:*

Kentucky Medicaid  
PO Box 2110  
Frankfort, KY 40602-2110

**Note:** for this process the “regular, but absent” physician hires the “locum tenens” physician. The temporary physician who is going to stand-in and actually perform the services for a short duration for the absent physician is the locum tenens physician. The locum tenens physician or his/her agent may fill out the form. An ORIGINAL SIGNATURE of the locum tenens physician is required, a signature stamp may not be used, nor can others sign for this physician. Failure to complete and have a valid original signature on the form in its entirety may result in Medicaid claims not processing timely and completely.

All required documents that are to be attached are for the **locum tenens physician**. A locum tenens physician shall be otherwise be required to be in good standing with all applicable regulatory boards and maintain malpractice insurance to ensure the protection of the Medicaid members they treat pursuant to 42 USC §1396a(a)(19).

The **locum tenens physician** on the left-side box shall enter:

- The locum tenens physician’s full name;
- The phone number of the locum tenens doctor where they can be reached during normal office hours if clarification or additional information is needed; *(please include area code and extensions)*
- As post office boxes are transitory, they may not be used. Please indicate a permanent address for the locum tenens physician;
- The SSN for the locum tenens physician;
- Indicate if the placement is based upon an outside contract agency; if YES, provide the full name and mailing address of the contract agency. A sheet may be attached to complete this process.

- AND -

- A copy of a valid current physician license for the locum tenens is attached; and
- Proof of the malpractice insurance coverage maintained for the locum tenens physician for the anticipated period of the services are to be performed is also attached.

The physician who is going to be **absent** for a short period and will not actually perform the service is the **regular, but absent, physician**. A locum tenens billing arrangement is intended to promote the continuation of the billing process for regular, but absent, physicians and their cooperation in helping the locum tenens to complete of this form may be necessary.

Information regarding the **regular, but absent, physician** appears on the right-side box, and is completed by the applicant by supplying:

- The regular, but absent, physician’s full name and their individual Medicaid Provider Number. Show the group number also, if any billings for the substitute will utilize a group number.
- The phone number of the physician/billing office that can answer most routine questions
- As post office boxes are transitory, they may not be used. Please indicate a permanent address for the regular physician, a physical address where the services will be performed is also allowable;
- The specific dates that the locum tenens will be covering for the regular physician. They may not to exceed sixty (60) consecutive days. Terms like ongoing or current will not be accepted. If the services are anticipated to exceed sixty (60) days, then a regular provider number application must be made concurrent with the locum tenens. A regular provider application may be secured by calling KY Medicaid at 877-838-5085. Billing under locum tenens for periods in excess of sixty (60) consecutive days are specifically not authorized by Kentucky Medicaid.

**Questions on proper billing for locum tenens – 1-800-807-1232 EDS Provider Assistance.**